

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-476)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.		W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
6							67						
7							68						
8							69						
9							70						
10							71						
11							72						
12							73						
13							74						
14							75						
15							76						
16							77						
16							78						
17							79						
18							80						
19							81						
20							82						
21							83						
22							84						
23							85						
24							86						
25							87						
26							88						
27							89						
28							90						
29							91						
30							92						
31							93						
32							94						
33							95						
34							96						
35							97						
36							98						
37							99						
38							100						
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL W/O.	6						TOTAL W/O.						
TOTAL DEF.	35						TOTAL DEF.						
TOTAL	41						TOTAL						